

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

DONALD RICHARD DOSSETT, M.D.

Case No. 800-2016-025284

**Physician's and Surgeon's
Certificate No. G23663**

Respondent

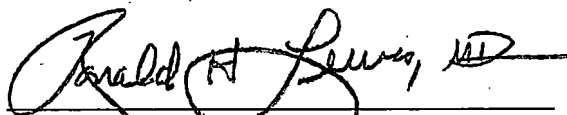
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on May 23, 2019.

IT IS SO ORDERED: April 23, 2019.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 ALICE W. WONG
Deputy Attorney General
4 State Bar No. 160141
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Attorneys for Complainant
7

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **DONALD RICHARD DOSSETT, M.D.**

14 **2001 Union Street, #420**
15 **San Francisco, CA 94123**

16 **Physician's and Surgeon's Certificate No. G**
17 **G23663**

18 Respondent.

Case No. 800-2016-025284

OAH No. 2018100915

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Alice W. Wong,
26 Deputy Attorney General.

27 2. Respondent Donald Richard Dossett, M.D. (Respondent) is represented in this
28 proceeding by attorney James J. Zenere, whose address is: 1033 Willow St., San Jose, CA 95125

3. On or about November 14, 1972, the Board issued Physician's and Surgeon's Certificate No. G 23663 to Donald Richard Dossett, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-025284, and will expire on May 31, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-025284 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 10, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-025284 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-025284. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2016-025284 and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. Respondent agrees that, if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2016-025284 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 23663 issued to Respondent Donald Richard Dossett, M.D. is revoked. However, the revocation is stayed and

Respondent is placed on probation for five (5) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any Schedule II controlled substances or Schedule III controlled substances, as defined by the California Uniform Controlled Substances Act, for two years and until Respondent has successfully completed a course in Prescribing Practices, as specified in paragraph 4. Respondent shall submit to the Board or its designee a certification of successful completion of the course. This partial restriction shall remain in effect until Respondent has been notified in writing by the Board or its designee that the Board accepts that the requirement of a Prescribing Practices Course has been successfully completed and that the partial restriction has been lifted.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

1 2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO
2 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
3 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
4 recommendation or approval which enables a patient or patient's primary caregiver to possess or
5 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
6 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
7 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
8 and 4) the indications and diagnosis for which the controlled substances were furnished.

9 Respondent shall keep these records in a separate file or ledger, in chronological order. All
10 records and any inventories of controlled substances shall be available for immediate inspection
11 and copying on the premises by the Board or its designee at all times during business hours and
12 shall be retained for the entire term of probation.

13 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
14 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
15 for its prior approval educational program in pain management (which shall not be less than 40
16 hours per year, for each year of probation. The educational program in pain management shall be
17 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified.
18 The educational program in pain management shall be at Respondent's expense and shall be in
19 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.
20 Following the completion of each course, the Board or its designee may administer an
21 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
22 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

23 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
24 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
25 advance by the Board or its designee. Respondent shall provide the approved course provider
26 with any information and documents that the approved course provider may deem pertinent.
27 Respondent shall participate in and successfully complete the classroom component of the course
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The prescribing
2 practices course shall be at Respondent's expense and shall be in addition to the Continuing
3 Medical Education (CME) requirements for renewal of licensure.

4 A prescribing practices course taken after the acts that gave rise to the charges in the
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
6 or its designee, be accepted towards the fulfillment of this condition if the course would have
7 been approved by the Board or its designee had the course been taken after the effective date of
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

12 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
13 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
14 advance by the Board or its designee. Respondent shall provide the approved course provider
15 with any information and documents that the approved course provider may deem pertinent.
16 Respondent shall participate in and successfully complete the classroom component of the course
17 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
18 complete any other component of the course within one (1) year of enrollment. The medical
19 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
20 Medical Education (CME) requirements for renewal of licensure.

21 A medical record keeping course taken after the acts that gave rise to the charges in the
22 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
23 or its designee, be accepted towards the fulfillment of this condition if the course would have
24 been approved by the Board or its designee had the course been taken after the effective date of
25 this Decision.

26 Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

1 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
2 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with Respondent, or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
9 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

10 The Board or its designee shall provide the approved monitor with copies of the Decision
11 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
12 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
13 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
14 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
15 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
16 statement for approval by the Board or its designee.

17 Within 60 calendar days of the effective date of this Decision, and continuing throughout
18 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
19 make all records available for immediate inspection and copying on the premises by the monitor
20 at all times during business hours and shall retain the records for the entire term of probation.

21 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
22 date of this Decision, Respondent shall receive a notification from the Board or its designee to
23 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
24 shall cease the practice of medicine until a monitor is approved to provide monitoring
25 responsibility.

26 The monitor(s) shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
28 are within the standards of practice of medicine, and whether Respondent is practicing medicine

1 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
2 that the monitor submits the quarterly written reports to the Board or its designee within 10
3 calendar days after the end of the preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

12 In lieu of a monitor, Respondent may participate in a professional enhancement program
13 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
14 review, semi-annual practice assessment, and semi-annual review of professional growth and
15 education. Respondent shall participate in the professional enhancement program at Respondent's
16 expense during the term of probation.

17 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
18 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
19 Chief Executive Officer at every hospital where privileges or membership are extended to
20 Respondent, at any other facility where Respondent engages in the practice of medicine,
21 including all physician and locum tenens registries or other similar agencies, and to the Chief
22 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
23 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
24 calendar days.

25 This condition shall apply to any change in hospitals, other facilities or insurance carrier.

26 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
27 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
28 advanced practice nurses.

1 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
2 governing the practice of medicine in California and remain in full compliance with any court
3 ordered criminal probation, payments, and other orders.

4 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
5 under penalty of perjury on forms provided by the Board, stating whether there has been
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
8 of the preceding quarter.

9 11. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

13 Respondent shall, at all times, keep the Board informed of Respondent's business and
14 residence addresses, email address (if available), and telephone number. Changes of such
15 addresses shall be immediately communicated in writing to the Board or its designee. Under no
16 circumstances shall a post office box serve as an address of record, except as allowed by Business
17 and Professions Code section 2021(b).

18 Place of Practice

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
21 facility.

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's
24 license.

25 Travel or Residence Outside California

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
27 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
28 (30) calendar days.

1 In the event Respondent should leave the State of California to reside or to practice,
2 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
3 departure and return.

4 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
5 available in person upon request for interviews either at Respondent's place of business or at the
6 probation unit office, with or without prior notice throughout the term of probation.

7 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
22 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.

27 Periods of non-practice will not apply to the reduction of the probationary term.

28 Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

14. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

16. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, James J. Zenere. I understand the stipulation and the effect it will
6 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
7 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
8 Decision and Order of the Medical Board of California.

9
10 DATED:

2/7/19

Donald Richard Dossett M.D.
DONALD RICHARD DOSSETT, M.D.
Respondent

12 I have read and fully discussed with Respondent Donald Richard Dossett, M.D. the terms
13 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
14 Order. I approve its form and content.

15
16 DATED:

2/7/19

JAMES J. ZENERE
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 2/7/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General


ALICE W. WONG
Deputy Attorney General
Attorneys for Complainant

SF2018400113

Exhibit A

Accusation No. 800-2016-025284

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10 *Attorneys for Complainant*

11 **BEFORE THE**
12 **MEDICAL BOARD OF CALIFORNIA**
13 **DEPARTMENT OF CONSUMER AFFAIRS**
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14 In the Matter of the Accusation Against:

15 **Donald Richard Dossett, M.D.**
16 2001 Union Street, #420
San Francisco, CA 94123

17 Physician's and Surgeon's Certificate
18 No. G23663,

19 Respondent.

Case No. 800-2016-025284

ACCUSATION

20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about November 14, 1972, the Medical Board issued Physician's and Surgeon's
26 Certificate Number G23663 to Donald Richard Dossett, M.D. (Respondent). The Physician's and
27

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 10 20 18
BY [Signature] ANALYST

1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
2 herein and will expire on May 31, 2019, unless renewed.

3 **JURISDICTION**

4 3. This Accusation is brought before the Board, under the authority of the following
5 laws. All section references are to the Business and Professions Code unless otherwise indicated.

6 4. Section 2227 of the Code states:

7 “(a) A licensee whose matter has been heard by an administrative law judge of the Medical
8 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
9 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
10 action with the board, may, in accordance with the provisions of this chapter:

11 “(1) Have his or her license revoked upon order of the board.

12 “(2) Have his or her right to practice suspended for a period not to exceed one year upon
13 order of the board.

14 “(3) Be placed on probation and be required to pay the costs of probation monitoring upon
15 order of the board.

16 “(4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the board.

18 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
19 the board or an administrative law judge may deem proper.

20 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
21 review or advisory conferences, professional competency examinations, continuing education
22 activities, and cost reimbursement associated therewith that are agreed to with the board and
23 successfully completed by the licensee, or other matters made confidential or privileged by
24 existing law, is deemed public, and shall be made available to the public by the board pursuant to
25 Section 803.1.”

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1 5. Section 2234 of the Code, states:

2 “The board shall take action against any licensee who is charged with unprofessional
3 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
4 limited to, the following:

5 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
6 violation of, or conspiring to violate any provision of this chapter.

7 “(b) Gross negligence.

8 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
9 omissions. An initial negligent act or omission followed by a separate and distinct departure from
10 the applicable standard of care shall constitute repeated negligent acts.

11 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
12 for that negligent diagnosis of the patient shall constitute a single negligent act.

13 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
14 constitutes the negligent act described in paragraph (1), including, but not limited to, a
15 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
16 applicable standard of care, each departure constitutes a separate and distinct breach of the
17 standard of care.

18 “(d) Incompetence.

19 “(e) The commission of any act involving dishonesty or corruption which is substantially
20 related to the qualifications, functions, or duties of a physician and surgeon.

21 “(f) Any action or conduct which would have warranted the denial of a certificate.

22 “(g) The practice of medicine from this state into another state or country without meeting
23 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
24 apply to this subdivision. This subdivision shall become operative upon the implementation of the
25 proposed registration program described in Section 2052.5.

26 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
27 participate in an interview by the board. This subdivision shall only apply to a certificate holder
28 who is the subject of an investigation by the board.”

1 6. Section 2228 of the Code states:

2 “The authority of the board or the California Board of Podiatric Medicine to discipline a
3 licensee by placing him or her on probation includes, but is not limited to, the following:

4 “(a) Requiring the licensee to obtain additional professional training and to pass an
5 examination upon the completion of the training. The examination may be written or oral, or
6 both, and may be a practical or clinical examination, or both, at the option of the board or the
7 administrative law judge.

8 “(b) Requiring the licensee to submit to a complete diagnostic examination by one or more
9 physicians and surgeons appointed by the board. If an examination is ordered, the board shall
10 receive and consider any other report of a complete diagnostic examination given by one or more
11 physicians and surgeons of the licensee's choice.

12 “(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including
13 requiring notice to applicable patients that the licensee is unable to perform the indicated
14 treatment, where appropriate.

15 “(d) Providing the option of alternative community service in cases other than violations
16 relating to quality of care.”

17 7. Section 2242 of the Code states, in pertinent part:

18 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
19 without an appropriate prior examination and a medical indication, constitutes unprofessional
20 conduct.”

21 8. Section 2266 of the Code states: AThe failure of a physician and surgeon to maintain
22 adequate and accurate records relating to the provision of services to their patients constitutes
23 unprofessional conduct.”

24 9. Section 11190 of the Health and Safety Code sets forth the information that is
25 required to be documented in a record by every practitioner, other than a pharmacist, who
26 prescribes or administers a controlled substance classified in Schedule II.

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28 ///

PERTINENT CONTROLLED SUBSTANCES/DANGEROUS DRUGS

10. Carisoprodol, known by the trade name Soma, is a muscle-relaxant and sedative. It is a Schedule III controlled substance as defined by section 11056, subdivision (e) of the Health and Safety Code and by section 1308.13 (e) of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in Business and Professions Code section 4022. Since the effects of carisoprodol and alcohol or carisoprodol and other central nervous system depressants or psychotropic drugs may be addictive, appropriate caution should be exercised with patients who take more than one of these agents simultaneously.

11. Hydrocodone bitartrate with acetaminophen, which is known by the trade names Norco or Vicodin, is a semi-synthetic opioid analgesic. It is a Schedule II controlled substance as defined by section 11055, subdivision (b) of the Health and Safety Code, and is a Schedule II controlled substance as defined by section 1308.13 (e) of Title 21 of the Code of Federal Regulations¹, and is a dangerous drug as defined in Business and Professions Code section 4022.

12. Phentermine hydrochloride, known by the trade names Adipex-P or Zantaryl, is a stimulant similar to an amphetamine that acts as an appetite suppressant by affecting the central nervous system. It is a Schedule IV controlled substance as defined by section 11057, subdivision (f)(4) of the Health and Safety Code and is a dangerous drug as defined in Business and Professions Code section 4022.

13. Suboxone is a trade name for a combination of buprenorphine hydrochloride and naloxone hydrochloride. It is indicated for the treatment of opioid addiction. Buprenorphine is an opioid similar to morphine, codeine, and heroin; however, it produces less euphoria and therefore may be easier to stop taking; it is a Schedule V controlled substance under Health and Safety Code section 11058(d). Buprenorphine is used for maintenance during or after opiate withdrawal. Naloxone blocks the effects of opioids such as morphine, codeine, and heroin (opioid agonist) and therefore blocks the effects of buprenorphine withdrawal.

¹ Effective 10/06/2014, all hydrocodone combination products were re-scheduled from Schedule III to Schedule II controlled substances by the Federal Drug Enforcement Agency ("DEA"), section 1308.12 (b)(1)(vi) of Title 21 of the Code of Federal Regulations.

1 14. Valium, a trade name for diazepam, is a psychotropic drug of the benzodiazepine
2 class that is used for the management of anxiety disorders or for the short-term relief of the
3 symptoms of anxiety. It is a Schedule IV controlled substance as defined by section 11057 of the
4 Health and Safety Code and by section 1308.14 of Title 21 of the Code of Federal Regulations,
5 and is a dangerous drug as defined in Business and Professions Code section 4022. Diazepam
6 can produce psychological and physical dependence and it should be prescribed with caution
7 particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the
8 pre-disposition of such patients to habituation and dependence.

9 15. Xanax is a trade name for alprazolam tablets. Alprazolam is a psychotropic triazolo-
10 analogue of the benzodiazepine class of central nervous system-active compounds. Xanax is used
11 for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety.
12 It is a Schedule IV controlled substance and narcotic as defined by section 11057, subdivision (d)
13 of the Health and Safety Code, and a Schedule IV controlled substance as defined by Section
14 1308.14 (c) of Title 21 of the Code of Federal Regulations, and a dangerous drug as defined in
15 Business and Professions Code section 4022. Xanax has a central nervous system depressant
16 effect and patients should be cautioned about the simultaneous ingestion of alcohol and other
17 CNS depressant drugs during treatment with Xanax.

18 16. Zolpidem tartrate, known by the trade name Ambien, is a non-benzodiazepine central
19 nervous system (CNS) depressant of the imidasopyridine class. It is a Schedule IV controlled
20 substance under Health and Safety Code section 11057, subdivision (d)(32), and a dangerous drug
21 as defined in Business and Professions Code section 4022. It is indicated for the short-term
22 treatment of insomnia. It is a CNS depressant and should be used cautiously in combination with
23 other CNS depressants. It should be administered cautiously to patients exhibiting signs or
24 symptoms of depression because of the risk of suicide. Because of the risk of habituation and
25 dependence, individuals with a history of addiction to or abuse of drugs or alcohol should be
26 carefully monitored while receiving Ambien.

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FIRST CAUSE FOR DISCIPLINE

**(Unprofessional Conduct: Gross Negligence and/or Incompetence and/or Prescribing
without Appropriate Prior Exam/Medical Indication re Patient A)**

17. Respondent Donald Richard Dossett, M.D. is subject to disciplinary action for unprofessional conduct under sections 2234(b) and/or 2234(d) and/or 2242 in that Respondent's overall conduct, acts and omissions, with regard to Patient A constitutes gross negligence and/or incompetence and/or prescribing without an appropriate prior examination and a medical indication, as more fully described herein below.

18. Starting from at least 2013, Respondent prescribed on an approximately monthly basis to Patient A, a female born in 1979, a combination of the controlled substances Norco, Xanax, and Soma.

19. During the course of his treatment from at least 2013, Respondent never documented an appropriate history and physical examination for Patient A.

20. On or about January 5, 2014, Respondent issued to Patient A prescriptions for #90 Norco, #90 Soma, and #30 Xanax. Respondent, however, did not document these prescriptions in the patient's chart and there was no documented visit.

21. On January 29, 2014, Respondent apparently saw the patient but did not perform and document any physical examination or information about the patient's condition and complaints. Respondent refilled the prescriptions for #90 Norco and #90 Soma and doubled the amount of Xanax to #60 tablets. Respondent did not document any medical indications for his prescribing of the controlled substances.

22. Throughout 2014, Respondent continued to prescribe #90 Norco, #90 Soma, and #60 Xanax on about a monthly basis to Patient A, without documenting an appropriate examination and medical indication for the prescribing.

23. On or about February 13, 2015, Respondent increased the monthly amount of Xanax prescribed for Patient A from #60 to #90 tablets, along with prescriptions for Norco and #90 Soma. Respondent did not document a visit with the Patient and there is no documentation of an

1 appropriate examination and medical indication for the prescribing, particularly the increased
2 dosage.

3 24. On or about November 12, 2015, Respondent increased the monthly amount of Norco
4 prescribed for Patient A from #90 to #120 tablets, along with the #90 Soma and #60 Xanax.
5 Respondent, however, did not document this increase in the patient's records. There is no
6 documentation of a visit with the Patient and no documentation of an appropriate examination,
7 and no medical indication for the prescribing, particularly the increased dosage.

8 25. From November 12, 2015 through about April 13, 2016, Respondent continued to
9 prescribe #120 Norco, #90 Soma, and #60 Xanax on about a monthly basis to Patient A, without
10 ever documenting an appropriate examination and medical indication for the prescribing.

11 26. On or about March 9, 2016, Respondent documented that Patient A requested a
12 prescription for Phentermine and he issued a prescription for #30 Phentermine 37.5 mg. tablets.
13 Respondent also refilled Patient A's prescriptions for #120 Norco, #90 Soma and #90 Xanax.
14 Respondent, however, did not document an appropriate examination, and there is no medical
15 indication for the prescribing, particularly the additional prescription of Phentermine. It is
16 unclear from Respondent's records whether he actually saw the patient on March 9, 2016.

17 27. In or about May and June 2016, Respondent prescribed, on a monthly basis to Patient
18 A, #90 Norco, #90 Soma, and #90 Xanax, without documenting in the patient's records an
19 appropriate examination or medical indication for the prescribing.

20 28. On or about July 5, 2016, Respondent again increased the monthly amount of Norco
21 prescribed for Patient A from #90 to #120 tablets, along with the #90 Soma and #60 Xanax.
22 Respondent, however, did not document this increase of dosing in the patient's records. There is
23 no documentation of any visit with the Patient, no documentation of an appropriate examination,
24 and no medical indication for the prescribing.

25 29. From about July 5, 2016 through at least November 15, 2016, Respondent continued
26 to prescribe #120 Norco, #90 Soma, and #60 Xanax on about a monthly basis to Patient A,
27 without ever documenting an appropriate examination and medical indication for the prescribing.
28

1 30. During the course of his treatment of Patient A, Respondent often issued pre-dated
2 prescriptions for refills of controlled substances to be provided to the patient at times when he
3 was out of the office.

4 31. Respondent's overall conduct, acts and/or omissions, with regard to Patient A, as set
5 forth in paragraphs 17 through 30 herein, constitutes unprofessional conduct through gross
6 negligence and/or incompetence and/or prescribing without an appropriate prior examination and
7 a medical indication, pursuant to Business and Professions Code Sections 2234, subdivision (b)
8 and/or subdivision (d), and/or section 2242, and is therefore subject to disciplinary action. More
9 specifically, Respondent is guilty of unprofessional conduct with regard to Patient A as follows:

10 a. Respondent's repeated long-term prescribing to Patient A of a combination of
11 benzodiazepines, Norco, and Soma constitutes, by itself, an extreme departure from the standard
12 of care.

13 b. Respondent's records were missing or lacking complete and comprehensive
14 documentation of the patient's complaints, assessments, progress, diagnoses, status, response to
15 treatment, and evolving treatment plan.

16 c. Respondent failed to document that informed consent was obtained and that the
17 patient was informed of the risks and benefits of each controlled substance prescribed and warned
18 about the dangers of the drug combinations.

19 d. Respondent failed to conduct and document appropriate periodic reviews and
20 assessments.

21 e. Respondent failed to conduct proper monitoring of the patient, which included,
22 but was not limited to, a failure to conduct random drug screens and to review CURES.

23 f. Respondent failed to consider alternative therapies and/or failed to document
24 that alternative therapies were considered and offered to the patient.

25 g. Respondent demonstrated a lack of knowledge about the risks of the long-term
26 use of carisoprodol (Soma) and/or about the dangers of prescribing controlled substances in
27 combination, particularly combinations of sedating drugs.

1 h. Respondent failed to document that he obtained a narcotics agreement with the
2 patient for the chronic prescribing of controlled substances.

3 i. Respondent prescribed and dispensed controlled substances on a long-term
4 basis without documenting appropriate medical examinations and/or medical indications.

5 j. Respondent failed to have a treatment plan and structured approach to
6 prescribing controlled substances.

7 k. Respondent prescribed Phentermine to Patient A without a medical indication,
8 without calculating and documenting the patient's BMI.

9 l. Respondent issued pre-dated prescriptions for Schedule II controlled substances
10 that were dispensed without him seeing the patient.

11 m. Respondent's records are incomplete and inadequate and fail to document a
12 comprehensive and complete controlled substance medication history and the patient's daily
13 medication use.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Unprofessional Conduct: Gross Negligence and/or Incompetence and/or Prescribing 16 Without Appropriate Prior Exam/Medical Indication re Patient B)**

17 32. Respondent Donald Richard Dossett, M.D. is subject to disciplinary action for
18 unprofessional conduct under sections 2234(b) and/or 2234(d) and/or 2242 in that Respondent's
19 overall conduct, acts and omissions, with regard to Patient B constitutes gross negligence and/or
20 incompetence and/or prescribing without an appropriate prior examination and a medical
21 indication, as more fully described herein below.

22 33. On or about September 23, 2014, Respondent saw Patient B, a female born in 1976,
23 whom he diagnosed with chronic anxiety (PTSD), chronic insomnia, and low back pain.
24 Respondent did not document a complete history and physical examination of the patient and did
25 not fully document his treatment, or the prescriptions issued. Based upon other prescribing
26 records, Respondent prescribed to Patient B the following controlled substances that were
27 obtained by the patient on 09/24/2014: #20 Norco 325 mg./10 mg.; #60 Xanax 1 mg.; and, #30
28 Ambien 10 mg.

1 34. About three weeks later, on or about October 13, 2014, Respondent saw Patient B and
2 documented that the patient requested pain medication/muscle relaxant and an increased dose of
3 Xanax. Respondent increased the dosages of Norco and Xanax and issued the following
4 prescriptions to Patient B: #90 Norco 325 mg./10 mg.; #90 Xanax 1 mg.; and, #30 Ambien 10
5 mg. Respondent did not perform an appropriate physical examination, obtain an appropriate
6 medical history of the patient, and did not document any objective findings or medical indications
7 to support his prescribing, particularly the increased doses.

8 35. For approximately the next seven months, from about October 15, 2014 through at
9 least May 21, 2015, Respondent prescribed, on about a monthly basis, the same combination of
10 controlled substances to Patient B: #90 Norco 325 mg/10 mg.; #90 Xanax 1 mg.; and, #30
11 Ambien 10 mg. tablets. Respondent's records for Patient B during that same time period are
12 inadequate and do not document a treatment plan and/or findings to assess the effectiveness of the
13 treatment. There is also no documentation that informed consent was obtained for the chronic
14 prescribing of controlled substances.

15 36. On or about May 21, 2015, Respondent increased the amount of Norco prescribed to
16 Patient B from #90 tablets to #120 tablets and refilled prescriptions for #90 Xanax 1 mg.; and,
17 #30 Ambien 10 mg. There is nothing in Respondent's records about the issuance of these
18 prescriptions and no documented medical indication for the increased amount of Norco
19 prescribed.

20 37. For about the next nine months, from about May 21, 2015 through about February 23,
21 2016, Respondent prescribed, on about a monthly basis, the same combination of controlled
22 substances to Patient B: #120 Norco 325 mg/10 mg.; #90 Xanax 1 mg.; and, #30 Ambien 10 mg.
23 tablets. Respondent's records for Patient B during that same time period are inadequate and do
24 not document appropriate physical examinations, a treatment plan and/or findings to assess the
25 effectiveness of the treatment.

26 38. In or about March, 2016, Respondent added a prescription for #60 Adderall 15 mg.
27 while continuing to prescribe to Patient B: #120 Norco 325 mg/10 mg.; and #90 Xanax 1 mg.
28 There is no documentation of an appropriate physical examination, a treatment plan and/or

1 findings to assess the effectiveness of the treatment, or the medical indications to support the
2 prescribing. There is also no documentation to explain the decision to discontinue the prescribing
3 of Ambien and to commence prescribing Adderall, which prescription was issued for only one
4 month.

5 39. In or about April, 2016, Respondent decreased the strength of the Xanax prescribed
6 from 1 mg. to 0.5 mg. and decreased by half the amount of Norco, without any explanation noted
7 in the patient's records and no documented visit with objective findings. On or about April 27,
8 2016, Patient B filled the following controlled substances prescriptions from Respondent: #60
9 Norco 325 mg/10 mg.; and #90 Xanax 0.5 mg. There is no documentation by Respondent of any
10 visit, appropriate physical examination, a treatment plan and/or findings to assess the
11 effectiveness of the treatment, or the medical indications to support the prescribing.

12 40. Less than one month later, on or about May 19, 2016, Respondent increased the
13 amount of Xanax 0.5 mg. prescribed to #120 tablets for Patient B.

14 41. It is unclear from Respondent's records whether Respondent saw Patient B between
15 August 25, 2015 and October 6, 2016 because no vitals or other physical findings were
16 documented.

17 42. On or about October 6, 2016, Respondent saw Patient B and increased the strength of
18 the Xanax to 1 mg. tablets. At that visit, Respondent issued a prescription for #90 Xanax 1 mg.
19 tablets and issued pre-dated refill prescriptions for that same amount of Xanax for 11/08/2016 and
20 for 12/08/2016.

21 43. During the course of his treatment of Patient B, Respondent would often issue pre-
22 dated prescriptions for refills of controlled substances to be provided to the patient at times when
23 he was out of the office, for example, in February, March, and April 2015, and in November and
24 December 2015, and in November and December 2016.

25 44. Respondent's overall conduct, acts and/or omissions, with regard to Patient B, as set
26 forth in paragraphs 32 through 43 herein, constitutes unprofessional conduct through gross
27 negligence and/or incompetence and/or prescribing without an appropriate prior examination and
28 a medical indication, pursuant to Business and Professions Code Sections 2234 subdivisions (b)

1 and/or (d) and/or section 2242, and is therefore subject to disciplinary action. More specifically,
2 Respondent is guilty of unprofessional conduct with regard to Patient B as follows:

3 a. Respondent's repeated long-term prescribing to Patient B of a combination of
4 benzodiazepines, Norco, and Ambien constitutes, by itself, an extreme departure from the
5 standard of care.

6 b. Respondent's records were missing or lacking complete and comprehensive
7 documentation of the patient's complaints, assessments, progress, diagnoses, status, response to
8 treatment, and evolving treatment plan.

9 c. Respondent failed to document that informed consent was obtained and that the
10 patient was informed of the risks and benefits of each controlled substance prescribed and warned
11 about the dangers of the drug combinations.

12 d. Respondent failed to conduct and document appropriate periodic reviews and
13 assessments.

14 e. Respondent failed to conduct proper monitoring of the patient, which included,
15 but was not limited to, a failure to conduct random drug screens and to review CURES.

16 f. Respondent failed to consider alternative therapies and/or failed to document
17 that alternative therapies were considered and offered to the patient.

18 g. Respondent failed to have a treatment plan and structured approach to
19 prescribing controlled substances.

20 h. Respondent demonstrated a lack of knowledge about the risks of the long-term
21 prescribing of controlled substances in combination, particularly combinations of sedating drugs.

22 i. Respondent failed to document that he obtained a narcotics agreement with the
23 patient for the chronic prescribing of controlled substances.

24 j. Respondent prescribed and dispensed controlled substances on a long-term
25 basis without documented appropriate medical examinations and/or medical indications.

26 k. Respondent issued pre-dated prescriptions for Schedule II controlled substances
27 that were dispensed without him seeing the patient.

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1 1. Respondent's records are incomplete and inadequate and fail to document a
2 comprehensive and complete controlled substance medication history and the patient's daily
3 medication use.

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Unprofessional Conduct: Gross Negligence and/or Incompetence and/or Prescribing**
6 **Without Appropriate Prior Exam/Medical Indication re Patient C)**

7 45. Respondent Donald Richard Dossett, M.D. is subject to disciplinary action for
8 unprofessional conduct under sections 2234(b) and/or 2234(d) and/or 2242 in that Respondent's
9 overall conduct, acts and omissions, with regard to Patient C constitutes gross negligence and/or
10 incompetence and/or prescribing without an appropriate prior examination and a medical
11 indication, as more fully described herein below.

12 46. Since at least January 2013 through October 2014, Respondent has prescribed, on
13 approximately a monthly basis, a combination of Norco 325/10, Xanax, and Valium to Patient C,
14 a male born in 1963.

15 47. In January 2013, Respondent prescribed to Patient C #180 Norco 325/10 (a 22-days
16 supply), #60 Xanax 0.5 mg., and #30 Valium 10 mg.

17 48. In or about October 2014, Respondent prescribed to Patient C #120 Norco 325/10,
18 #30 Xanax 1 mg., and #30 Valium 10 mg.

19 49. From January 2013 through October 2014, Respondent has prescribed to Patient C
20 the combination of opioids (Norco) and two benzodiazepines (Xanax, Valium) without
21 documenting an appropriate physical examination and medical indication for the prescribing, both
22 the combination and the quantities.

23 50. From about May 25, 2014 through at least October 15, 2014, Respondent prescribed
24 Norco, Xanax and Valium to Patient C while the patient was being prescribed Suboxone or
25 buprenorphine by another physician.

26 51. Respondent's overall conduct, acts and/or omissions, with regard to Patient C, as set
27 forth in paragraphs 45 through 50 herein, constitutes unprofessional conduct through gross
28 negligence and/or incompetence and/or prescribing without an appropriate prior examination and

1 a medical indication, pursuant to Business and Professions Code Sections 2234 subdivisions (b)
2 and/or (d) and/or section 2242, and is therefore subject to disciplinary action. More specifically,
3 Respondent is guilty of unprofessional conduct with regard to Patient C as follows:

4 a. Respondent's repeated long-term prescribing to Patient C of high doses of two
5 benzodiazepines constitutes, by itself, an extreme departure from the standard of care.

6 b. Respondent's repeated long-term prescribing to Patient C of high doses of
7 benzodiazepines in combination with Norco constitutes, by itself, an extreme departure from the
8 standard of care.

9 c. Respondent's records were missing or lacking complete and comprehensive
10 documentation of the patient's complaints, assessments, progress, diagnoses, status, response to
11 treatment, and evolving treatment plan.

12 d. Respondent failed to document that informed consent was obtained and that the
13 patient was informed of the risks and benefits of each controlled substance prescribed,
14 particularly the risks of prescribing two benzodiazepines together and in combination with
15 opioids.

16 e. Respondent failed to conduct and document appropriate periodic reviews and
17 assessments.

18 f. Respondent failed to conduct proper monitoring of the patient which included,
19 but was not limited to, a failure to elicit from the patient information about other treatments, a
20 failure to review CURES or a pharmacy prescribing profile, and/or a failure to conduct random
21 drug screens.

22 g. Respondent failed to consider alternative therapies and/or failed to document
23 that alternative therapies were considered and offered to the patient.

24 h. Respondent failed to have a treatment plan and structured approach to
25 prescribing controlled substances.

26 i. Respondent demonstrated a lack of knowledge about the risks of the long-term
27 use of high doses of Norco and/or about the dangers of prescribing opioids and two
28 benzodiazepines in combination.

1 j. Respondent failed to document that he obtained a narcotics agreement with the
2 patient for the chronic prescribing of controlled substances.

3 k. Respondent prescribed and dispensed controlled substances on a long-term
4 basis without documented appropriate medical examinations and/or medical indications.

5 l. Respondent prescribed opiates to Patient C while the patient was being
6 prescribed Suboxone by another physician, which is contraindicated.

7 m. Respondent's records are incomplete, inadequate, and often illegible. His
8 records fail to document a comprehensive and complete controlled substance medication history
9 and the patient's daily medication use.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(Unprofessional Conduct: Gross Negligence and/or Incompetence and/or Prescribing 12 Without Appropriate Prior Exam/Medical Indication re Patient D)**

13 52. Respondent Donald Richard Dossett, M.D. is subject to disciplinary action for
14 unprofessional conduct under sections 2234(b) and/or 2234(d) and/or 2242 in that Respondent's
15 overall conduct, acts and omissions, with regard to Patient D constitutes gross negligence and/or
16 incompetence and/or prescribing without an appropriate prior examination and a medical
17 indication, as more fully described herein below.

18 53. Respondent first saw Patient D, a male born in 1963, on or about August 1998.
19 Patient D had complaints of low back pain.

20 54. From about 2013 through at least March 2017, Respondent had prescribed to Patient
21 D, on an approximately monthly basis, the following combination of controlled substances: #90
22 Vicodin/Norco 325 mg./7.5 mg. or 10 mg.; #90 Soma 350 mg.; and, #30 Valium 10 mg.

23 55. It is unclear from Respondent's records how many times he saw Patient D because for
24 most of his notes there is no documentation of vitals, a medical history, the patient's
25 symptoms/condition, a physical examination or assessment, and a treatment plan with objectives.

26 56. From about 2013 through at least March 2017, Respondent continued to prescribe
27 Norco, Soma, and Valium on about a monthly basis to Patient D without documenting an
28 appropriate examination and medical indication for the prescribing.

1 57. During the course of his treatment of Patient D, Respondent often issued pre-dated
2 prescriptions for refills of controlled substances to be provided to the patient at times when he
3 was out of the office.

4 58. Respondent's overall conduct, acts and/or omissions, with regard to Patient D, as set
5 forth in paragraphs 52 through 57 herein, constitutes unprofessional conduct through gross
6 negligence and/or incompetence and/or prescribing without an appropriate prior examination and
7 a medical indication, pursuant to Business and Professions Code Sections 2234 subdivisions (b)
8 and/or (d) and/or section 2242, and is therefore subject to disciplinary action. More specifically,
9 Respondent is guilty of unprofessional conduct with regard to Patient D as follows:

10 a. Respondent's repeated long-term prescribing to Patient D of a combination of
11 benzodiazepines, Norco, and Soma constitutes, by itself, an extreme departure from the standard
12 of care.

13 b. Respondent's records were missing or lacking complete and comprehensive
14 documentation of the patient's complaints, assessments, progress, diagnoses, status, response to
15 treatment, and evolving treatment plan.

16 c. Respondent failed to document that informed consent was obtained and that the
17 patient was informed of the risks and benefits of each controlled substance prescribed and warned
18 about the dangers of the drug combinations.

19 d. Respondent failed to conduct and document appropriate periodic reviews and
20 assessments.

21 e. Respondent failed to conduct proper monitoring of the patient, which included,
22 but was not limited to, a failure to conduct random drug screens and a review of CURES.

23 f. Respondent failed to have a treatment plan and structured approach to
24 prescribing controlled substances.

25 g. Respondent failed to consider alternative therapies and/or failed to document
26 that alternative therapies were considered and offered to the patient.

1 h. Respondent demonstrated a lack of knowledge about the risks of the long-term
2 use of carisoprodol (Soma) and/or about the dangers of prescribing controlled substances in
3 combination, particularly combinations of sedating drugs.

4 i. Respondent failed to document that he obtained a narcotics agreement with the
5 patient for the chronic prescribing of controlled substances.

6 j. Respondent prescribed and dispensed controlled substances on a long-term
7 basis without documented appropriate medical examinations and/or medical indications.

8 k. Respondent issued pre-dated prescriptions for Schedule II controlled substances
9 that were dispensed without seeing the patient.

10 l. Respondent's records are incomplete and inadequate and fail to document a
11 comprehensive and complete controlled substance medication history and the patient's daily
12 medication use.

13 **FIFTH CAUSE FOR DISCIPLINE**

14 **(Unprofessional Conduct: Repeated Negligent Acts: Patients A, B, C, D)**

15 59. In the alternative, Respondent is subject to disciplinary action for unprofessional
16 conduct under section 2234(c) for repeated negligent acts, jointly and/or severally, for his acts
17 and/or omissions regarding Patient A, Patient B, Patient C, and/or Patient D, as alleged in
18 paragraphs 17 through 58, which are incorporated herein by reference as if fully set forth.

19 **SIXTH CAUSE FOR DISCIPLINE**

20 **(Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records and/or**

21 **Records of Schedule II Prescriptions: Patients A, B, C, D)**

22 60. Respondent is subject to disciplinary action for unprofessional conduct under
23 Business and Professions Code section 2266 for failure to maintain adequate and accurate records
24 and/or Health and Safety Code section 11190 for failure to maintain adequate records for
25 Schedule II prescriptions, jointly and/or severally, regarding Patient A and/or Patient B and/or
26 Patient C and/or Patient D, as alleged in paragraphs 17 through 58, which are incorporated herein
27 by reference as if fully set forth.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G23663, issued to Donald Richard Dossett, M.D.;

2. Revoking, suspending or denying approval of Donald Richard Dossett, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Donald Richard Dossett, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and,

4. Taking such other and further action as deemed necessary and proper.

DATED: April 10, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SF2018400113